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Special points of interest:

- 265 CERT Reviews have been conducted since 2010.
- The majority of deficiencies (negative findings) are in the area of policies and procedures.
- The average number of negative findings per review during this quarter (ending 3/31/12) were seven (7).

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Bureau of Quality Improvement Services (BQIS)

Compliance Evaluation and Review Tool (CERT)

CERT Communication

Quarter Ending 03/31/2012

Introduction

The Compliance Evaluation and Review Tool (CERT) was designed to capture provider compliance in the four focus areas listed below. These focus areas capture the intent of IAC 460, Article 6, the Division of Disability and Rehabilitative Services (DDRS) Policies, and the Home and Community Based Services (HCBS) waiver applications monitored through DDRS.

- The provider meets qualifications for waiver services being delivered;
- The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees;
- The provider maintains employee information confirming key health, welfare and training issues; and
- Quality assurance and quality improvement.

On behalf of the Bureau of Quality Improvement Services (BQIS), Liberty of Indiana surveyors evaluate compliance within these focus areas by reviewing provider documentation guided by the 52 Indicators and associated Probes. A copy of the CERT Guide utilized during this review period (01/01/2012 – 03/31/2012) can be found through the following link: http://www.in.gov/fssa/files/CERT_Guide_-_10.1.11_final.pdf.

As noted during the previous CERT Communication, effective 10/01/2011, BQIS stopped reviewing Providers of Day Services (i.e., Adult Day Services; Community Based Habilitation; Facility Based Habilitation; Facility Based Support Services; Pre-Vocational Services; Supported Employment; and Workplace Assistance) as well as other services that were

reviewed and approved as part of the accreditation process. In addition, to increase the integrity of the reviews for providers of varying service categories (e.g., respite, behavior management, residential habilitation, etc.), identification of service specific probes/indicators took place.

While there have been 265 CERT reviews conducted since initiation of this process in 2010, this report will focus on the 19 reviews that were conducted between 01/01/2012 and 03/31/2012. As with previous communications, it is hoped that providers will utilize this information to assure alignment of their practices, procedures and files with the outlined regulations/assurances. Providers taking this approach will reduce organizational risk and facilitate a positive review process for those involved.

General Results

During the period from 01/01/2012 through 03/31/2012, negative findings (i.e., Indicators that were not met) ranged by provider from zero (0) to 16 with an average of seven negative findings per review. Seventeen (17) of these reviews have been closed with the remaining two considered in process while corrective action and further review is taken. Of the 19 reviews, 16% did not result in a negative finding (Table 2). This is an increase from the 10% noted during the previous quarterly period. With the shift since

October 2011 towards citing at the Indicator level during the last quarter, this resulted in an overall reduction of average findings as well as range.

Of service specific categories reviewed during this quarterly period, providers of behavior

management were reviewed the most, followed by residential services and providers delivering recreational therapy (Table 1). The remaining service categories (specialized medical equipment, music therapy, physical therapy, occupational therapy, rent/food for unrelated live-in, respite and speech therapy) were all reviewed only once during this quarter.

Table 1: Services Reviewed.

Service	Behavior Management	Residential Habilitation	Recreational Therapy
Number Reviewed	12	3	2
Percent Reviewed	63%	16%	11%

Table 2: CERT results across quarterly periods.

	<1/1/11	1/1/11-3/31/11	4/1/11-6/30/11	7/1/11-9/30/11	10/1/11-12/31/11 ^a	1/1/12-3/31/12 ^a
Reviews Conducted	28	38	40	37	103	19
Reviews with Findings	27 (96%)	37 (97%)	30 (75%)	23 (62%)	93 (90%)	16 (84%)
Range of Findings	0 to 71	0 to 89	0 to 62	0 to 45	0 to 20	0 to 16
Average Findings per Review	21	24	14	12	9	7

^aUpdated CERT captured negative findings at the Indicator level (compared with Probe level during previous quarterly periods)

Consistent with survey results from the last quarterly period (10/01/2011 – 12/31/2011), all five of the most cited Indicators were associated with **Focus Area II: The provider has policies and procedures to ensure the rights of individuals, to direct appropriate ser-**

vices, and to support and manage employees (Table 3). This is in contrast with the CERT results associated with the previous version of the tool. For reviews conducted through 09/30/2011, the majority of unmet Probes were all associated with **Focus Area III: The**

provider maintains employee information confirming key health, welfare and training issues. This shift is likely associated with the recent nature of the updated DDRS Policies which have provided clarification (and additional Probes) to the tool utilized.

Table 3: The following five Indicators were those most likely unmet by providers.

Indicators Most Unmet	Providers Out of Compliance
II.A.10 <u>Conflicts of Interest & Ethics</u> : Does the provider have a conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements? ^b	12 (63%)
II.A.2 Written procedures for <u>prohibiting violations of individual rights</u> : Does the provider have written policies and procedures that prohibit its employees/agents from violating individuals' rights per 460 IAC 6-9? ^b	9 (47%)
II.A.7 <u>Written Training Procedure</u> : Does the provider have a written training procedure that contains all of the items required in 460 IAC and DDRS related policies?	9 (47%)
II.A.9 <u>Emergency Behavioral Supports</u> : Does the provider have a policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies? ^b	9 (47%)
II.A.15 <u>Incident Reporting</u> : Does the provider have an incident reporting policy that complies with 460 IAC and DDRS policies? ^b	8 (41%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

63% of providers reviewed did not have a sufficient policy covering both Conflicts of Interest and Ethics.



Four of the five areas have been noted as those most likely to be unmet over the past six months (2 quarterly periods), indicating the consistent nature of these deficiencies among providers. The fifth noted area, related to training procedures, was unique

to this position during this period of time.

To further explore the areas found to be most frequently unmet, the most frequently unmet Indicators by CERT Focus Area are captured in the

tables to follow. Along with the noted Indicators, the most frequently unmet Probes will be presented to clarify specific areas of greatest need.

Focus Area II: Policies and Procedures

As noted above, the area with the greatest number of deficiencies continues to be associated with **policies and procedures**: (II): The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees. Within this area, the following five Indicators and associated two Probes were found to be those most frequently out (Table 4). As previously noted, four of five areas were among those most deficient during the last two quarterly periods. When drilling down to the Probe level (the specific area noted as unmet), a number of consistent negative findings surface. Related to

Conflicts of Interest and Ethics, the primary reason that this area has not been met has been associated with policies not properly restricting the giving of gifts to those who may be influenced. While most providers had a policy that captured **Prohibitions against Violations of Individual Rights**, these were not complete and consistent with DDRS policies and procedures in about one third of reviews. Areas most deficient pertained to emotional/verbal abuse and the need to participate in investigations. **Written Training Procedures** in the areas of individual specific interventions, rights, and areas of core competency were lacking in three to four providers reviewed during this quarterly period.

Almost half of the providers' policies did not include the requirement to meet within three business days following use of an **Emergency Behavioral Intervention**. There were eight (42%) providers who also did not specify the need to assure there was truly an unanticipated behavioral emergency as well as consideration that the least restrictive strategy be utilized. Finally, in the area of **Incident Reporting**, 42% of providers did not have a sufficient policy capturing all aspects of IAC 460 and/or DDRS policies and procedures.

Table 4: Most frequently cited Indicators and Probes, CERT Focus Area II.

Areas Most Frequently Out of Compliance: Top 3 (Indicators; Top 2 Probes)	Providers Out of Compliance
II.A.10 Conflicts of Interest & Ethics : Does the provider have a conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements? (I) ^b	12 (63%)
II.A.10.6.a - Prohibitions against giving gifts to state employees, special state appointees, the spouse or unemancipated child of an employee, the spouse or unemancipated child of a special state appointee, an Individual potentially receiving services. ^b	7 (37%)
II.A.10.6.b - Ethical safeguards and guidelines limiting the provision of gifts to an individual receiving service from the provider and any guardian or family member of an individual receiving service from the provider. ^b	6 (32%)
II.A.2 Written procedures for prohibiting violations of individual rights : Does the provider have written policies and procedures that prohibit its employees/agents from violating individuals' rights per 460 IAC 6-9? (I) ^b	9 (47%)
II.A.2.1.e - Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement. ^b	6 (32%)
II.A.2.1.h - Conducting and participating in an investigation of an alleged violation of an individual's rights or reportable incident. ^b	5 (26%)
II.A.7 Written Training Procedure : Does the provider have a written training procedure that contains all of the items required in 460 IAC and DDRS related policies? (I)	9 (47%)
II.A.7.7c. - Individual specific interventions: Be trained to competency in the Individual specific interventions for each Individual they are working with, including but not limited to the Individual's: Health and risk needs; Behavioral supports; Diet and nutrition needs; Swallowing difficulties; Medication administration needs; Side effects for prescribed medications; Mobility needs; Means of communication and corresponding; and Outcomes and strategies included in the ISP.	4 (21%)
II.A.7.3 - Mandatory orientation for each new employee/agent to assure the employee/agents' understanding of and compliance with the mission, goals, organization and applicability of policies and regulations.	3 (16%)
II.A.7.6a - A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an Individual on behalf of a Provider company shall receive initial and at minimum annual training in the protection of an Individual's rights, including: (a) respecting the dignity of an Individual; (b) protecting an Individual from Abuse, Neglect, and Exploitation; and (c) the Provider's incident reporting policies and procedures.	3 (16%)
II.A.7.7.-Training on the DDRS approved core areas of competencies: (a) Person centered planning; Protection against abuse, neglect, or exploitation; Health and wellness; Communication; Medication administration and medication side effects; First Aid and CPR; (b) Physical intervention techniques needed for emergency behavioral supports.	3 (16%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

At seven (37%), a number of providers continue to have deficient policies prohibiting against employing or contracting with a person who has been convicted of the following crimes: Criminal conversion;

Criminal deviate conduct; and an Offense related to alcohol or a controlled substance. While these were not of sufficient frequency to elevate them to one of the top positions (as they had previously been during the

last quarterly period), they still highlight the need for providers to regularly monitor and update their policies to be consistent with those being published by DDRS.



Focus Area III: Employee Files

A fair number of providers continue to be found out of compliance in regard to their **employee files** (The provider maintains employee information confirming key health, welfare and training issues). With only three Indicators captured within this area, all will be presented along in Table 5. With the shift away from surveying Residential Habilitation

Providers, it appears logical that the areas most found deficient since 10/01/2011 are associated with more **General Categories of Training**. This includes training on dignity, incident reporting and abuse, neglect, and exploitation. When compared to the previous quarterly period, there continues to be increase deficiencies in the areas of **Criminal Background**

Checks (state and county, as well as through the nurse aide registry). In addition to the criminal background checks, three providers (16%) did not have all required staff properly certified in **CPR** from one of the approved training entities.

Table 5: Most frequently cited Indicators and Probes, CERT Focus Area III.

Areas Most Frequently Out of Compliance: Top 3 (I)ndicators; Top 2 Probes	Providers Out of Compliance
III.A.3 Documentation of <u>general training</u> completed before employee begins working with an individual (For direct-care staff): Does the provider's employee or agent files contain evidence that general training was completed in accord with 460 IAC and DDRS Policies. (I) ^b <i>A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an Individual on behalf of a Provider company shall receive <u>initial and at minimum annual training in the protection of an Individual's rights, including:</u></i>	7 (37%)
III.A.3.2.c - DDRS incident reporting, including: DDRS's current policy on incident reporting; the Provider's incident reporting policies and procedures. ^b	5 (26%)
III.A.3.2.a - respecting the dignity of an Individual. ^b	4 (21%)
III.A.3.2.b - protecting an Individual from Abuse, Neglect, and Exploitation. ^b	4 (21%)
III.A.2 <u>Criminal background checks</u> : Does the provider's employee or agent files contain evidence of the criminal background checks required in 460 IAC and DDRS policies? (I) ^b	5 (26%)
III.A.2.1 - Each of the provider's employee/agent files should have evidence that a criminal history search was obtained from every state (including the Indiana Central Repository) and county, wherever located, in which an owner, officer, director, employee, contractor, subcontractor or agent involved in the management, administration, or provision of services has resided and/or worked during the three (3) years before the criminal history investigation was requested. ^b	4 (21%)
III.A.2.3 - Verification of lack of findings from nurse aide registry for any owner, director, officer, employee, contractor, subcontractor or agent performing any management, administrative or direct service to an individual.	3 (16%)
III.A.1 Files for each employee or agent of the provider: Do the provider's employee or agent files contain all of the <u>general required documents</u> stated in 460 IAC and DDRS policies? (I) ^b	3 (16%)
III.A.1.1.e - For employees or agents that work with individuals, a record of current CPR certification by the American Red Cross, the American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Council. ^b	3 (16%)
III.A.1.1.d - A negative TB screening dated prior to the employee providing services for all employees/agents including administrative and clerical staff. ^b	2 (11%)
III.A.1.1.g - Each of the provider's employees' or agents' files must contain: Verification of a professional registry search for professionally licensed employees including the owner, officer, director, employee, contractor, subcontractor or agent that is free of citations for malpractice, malfeasance or other unprofessional actions.	2 (11%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

Focus Area IV: Quality Assurance / Quality Improvement

Just over half of providers have good systems set up in the area of **quality assurance and quality improvement** (focus area IV of the CERT). The one indicator and related Probes are presented in Table 6. There continues to be a need for pro-

viders to collect annual satisfaction surveys from consumers and to analyze and take action to improve services in response to these surveys. Further, while providers appear to do a better job analyzing incident data, more effort is needed in the

area of risk reduction plans based on this information.



Table 6: Most frequently cited Indicators and Probes, CERT Focus Area IV.

Areas Most Frequently Out of Compliance: (I)ndicator; Top 2 Probes	Providers Out of Compliance
IV.A.1 Internal Quality assurance/quality improvement system focused on the individual: Does the provider have a written policy on its quality assurance/quality improvement system that contains all the items required in 460 IAC and DDRS related policies. (I)	7 (37%)
IV.A.1.1.a - An annual survey of Individual satisfaction: Maintain a record of findings from the annual individual satisfaction surveys. ^b	3 (16%)
IV.A.1.3d - A process for conducting a monthly review of the risk reduction plan of incidents to assess progress and effectiveness.	3 (16%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

Focus Area I: Provider Qualifications

Focus Area Section I of the CERT pertains to **provider qualifications** (i.e., the provider meets qualifications for waiver services being delivered). Only one item was found to be deficient in this area, **Insurance**. Consistent with the last quarterly period, providers (3 or 16%) were found to not have coverage for personal injury, loss of life and/or property damage as required (Table 7)

While behavioral support ser-

vice providers (Level 2) were found last quarter to have deficiencies in continuing education and documentation that meets the necessary requirements to provide this type of service, this was not the case during the current review period. While specific reasons for this improvement are not clear at this time, recommendations for proper insurance have been shared with providers through this communication during the previous two quarterly periods.

Providers are required to have an active insurance policy that

covers loss of life to an individual. While the majority of providers maintain this level of coverage, 3 (or 16% of those reviewed) did not. Discovered during reviews, it was not uncommon for “loss of life” to not be captured in the language of a provider’s policy. In the majority of these cases, an insurance agent/broker has been able to provide evidence of “loss of life” coverage within other categories such as “bodily harm” or “personal injury.”

During this quarterly period, 16% of providers reviewed did not have sufficient insurance coverage.

Table 7: Most frequently cited Indicators and Probes, CERT Focus Area I.

Areas Most Frequently Out of Compliance: Top (I)ndicator; Top 3 Probes	Providers Out of Compliance
I.A.30 Insurance : Does the provider meet the requirements for an active insurance policy per 460 IAC 6-12? (I) ^c <i>The provider will produce an active insurance policy that covers the following:</i>	3 (16%)
I.A.30.1 - Personal injury to an individual. ^b	3 (16%)
I.A.30.2 - Loss of life to an individual. ^b	3 (16%)
I.A.30.3 - Property damage to an individual. ^b	3 (16%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

Service Specific Findings

With the compliance reviews after 09/30/2011 expanding to providers delivering more than residential services (this was the initial target group), a re-examination of Indicators and Probes took place. This resulted in identification of "Service Specific" Indicators

and Probes. What follows is an examination of areas of greatest need (i.e., areas most unmet) by service type. It should be noted that many providers deliver multiple services and their service specific findings were included in each of the categories that they deliver.

What follows is an examination of most frequently cited Indicators and Probes for those service categories reviewed more than twice.

Behavior Management

The 12 **Behavior Management** providers surveyed this quarter received the greatest number of negative findings on policies in the following three areas:

II.A.2 Written procedures for prohibiting violations of individual rights (6 providers did not meet this area).

- II.A.2.1e The provider will produce written policies and procedures which include prohibitions against: Emotional/verbal abuse.
- II.A.2.1h Requirement to participate in investigations of an alleged violation of an individual's rights or reportable incident.
- II.A.2.1j. Requirement to investigate rights violations and incidents which includes immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect exploitation or mistreatment.

II.A.10 Conflicts of Interest & Ethics (6 providers did not meet this area).

- II.A.10.6a The provider will produce a policy that is consistent with 460 IAC

6-1-1 and includes: Prohibitions against giving gifts to state employees, special state appointees, the spouse or un-emancipated child of an employee, the spouse or un-emancipated child of a special state appointee, an Individual potentially receiving services from the provider, and any guardian or family member of an individual potentially receiving services from the provider.

- II.A.10.6b The provider will produce a policy that is consistent with 460 IAC 6-1-1 and includes: Ethical safeguards and guidelines limiting the provision of gifts to an individual receiving services from the provider and any guardian or family member of an individual receiving services from the provider. DDRS Policy: Provider Code of Ethics, eff. 2-28-11

II.A.11 Transfer of Individual's Records Upon Change of Provider (5 providers did not meet this area). The provider's policy will require the current provider to:

- II.A.11.1 Discuss with the individual the new provider's need to obtain a

copy of the previous provider's records and files concerning the individual.

- II.A.11.2 Provide the individual with a written form used to authorize the release of a copy of the records and files concerning the individual to the new provider.
- II.A.11.3 Require the current provider to request the individual to sign the release form.
- II.A.11.4 Forward a copy of all of the individual's records and files to the new provider no later than seven (7) days after receipt of the individual's signed written release.

A common finding was a conflict of interest policy that did not include a prohibition against giving gifts to those who may be influenced (e.g., family, consumer, state official, etc.)

Residential Habilitation Services

The top negative findings for the three RHS providers reviewed this quarter are as follows:

II.A.7 Written Training Procedure: Does the provider have a written training procedure that contains all of the items required in 460 IAC and DDRS related policies?

- II.A.7.7c Individual specific interventions: Be trained to competency in the Individual specific interventions for each Individual they are working with, including but not limited to the Individual's: Health and risk needs; Behavioral supports; Diet and nutrition needs; Swallowing difficulties; Medication administration needs; Side effects for prescribed medications; Mobility needs; Means of communication and corresponding; and Outcomes and strategies included in the ISP.

II.A.9 Emergency Behavioral Supports: Does the provider have a policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies?

- All aspects of this Indicator were unmet by at least one provider of Residential Habilitation Services, indicating a lack of appropriate policy needed to protect waiver participants during the implementation of emergency behavioral procedures.

II.A.12 Individual's Personal File at the Site of Service Delivery. The provider's policy specifies that the following items must be maintained in each individual's personal file:

- II.A.12.7a If responsible for providing health supports or health coordination, copies of medical, dental and vision services summary documentation to include: **The most current medical, dental and vision consults and summary documentation, regardless of date of visit or service.**
- II.A.12.7b If responsible for providing health supports or health coordination, copies of medical, dental and vision services summary documentation to include: **All medical, dental and vision consults and summary documentation for visits or services during the previous two (2) months.**
- II.A.12.9 All risk plan documentation for the past 60 days.

III.A.3 Documentation of general training completed before employee begins working with an individual (For direct-care staff).

- III.A.3.2 A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an Individual on behalf of a Provider company shall receive initial and at minimum annual

training in the protection of an Individual's rights, including: (a) dignity and respect, (b) abuse neglect, and exploitation, and (c) incident reporting.

Overlap

While Indicators and Probes most frequently unmet for Residential Service Providers did not overlap with those noted for Behavior Management Providers, there were still some areas of noted duplication.

At least one provider from each of the service categories reviewed was deficient on **Conflict of Interest and Ethics**. With the exception of recreational therapy and specialized medical equipment providers, all remaining providers were found to have deficiencies in their **Incident Reporting Policy/Procedures**. Similarly, all providers (with the exception of music therapists and those providing specialized medical equipment) were lacking in the area of **Quality Assurance and Quality Improvement** (section IV of the CERT).

Non-Direct Care Providers

During this quarterly period, only one provider of non-direct care services was reviewed. For this provider of specialized medical equipment, deficiencies were noted in the following two areas:

II.A.10 Conflicts of Interest & Ethics.

- II.A.10.3d The provider's code of ethics must state the provider's commitment to: Notify the appropriate party of any unprofessional conduct that may jeopardize an individual's safety or influence the individual or individual's representative in any decision making process.

- II.A.10.4b The provider's code of ethics must prohibit: Engaging in uninvited solicitation of potential individuals, who are vulnerable to undue influence, manipulation, or coercion.
- II.A.10.5c The provider will produce a policy in compliance with IC 22-5-3-3 that will include protections for whistleblowers who report: Violation of DDRS policies and procedures.
- II.A.10.6a The provider will produce a policy that is consistent with 460 IAC 6-1-1 and includes: a prohibition

against giving gifts.

III.A.2 Criminal Background Checks.

- III.A.2.3 Verification of lack of findings from nurse aide registry for any owner, director, officer, employee, contractor, subcontractor or agent performing any management, administrative or direct service to an individual.

Recommendations

What follows is a list of current recommendations associated with the CERT process. For a more complete list, it is recommended that providers also review those noted during the previous two communications. If particular items remains relevant (i.e., noted in the past, still relevant), we have duplicated them within the list below:

- The vast majority of the negative findings that were uncovered during this quarterly period pertained to CERT Focus Area II, providers' policies and procedures. While most providers had policies in the required areas, these did not include all of the necessary components outlined in the updated DDRS Policies. It is important that providers are aware of policy changes as they take place. These are available for review at: <http://www.in.gov/fssa/ddrs/3340.htm>. It is also important that providers monitor this web site to assure they are able to provide input into the draft policies.
 1. Providers should also register to receive updates and information through DDRS. The location for signing up can be found at <http://www.in.gov/fssa/ddrs/3894.htm>.
- If providers are having difficulty developing policies that are consistent with all required components, one recommendation is that a provider begin from the posted DDRS Policies. Providers should be able to copy the content of the required policy and then edit to assure it is aligned with the provider's services. For example, a Level 1 Behavioral Clinician's Complaint Policy will want to assure communication about overall behavioral services (not just Level 1). This may result in the need to address particular practices of the Level 2 Clinician being supervised.
- 26% of providers reviewed during this quarterly period did not have proper criminal background checks. While this is a reduction from the 41% captured during the previous quarterly period, the serious and unnecessary risk to the participants being serviced warrant continued efforts in this area. It is recommended that all providers assure proper background checks have been completed on all of their employees, agents, etc. If a person is found without such a check, it is essential that one be completed right away.
 1. Based on the results from reviews that took place during this quarterly period, providers of behavior management services received the greatest number of negative findings in this area.
 2. Based on the results from reviews since inception, this item is particularly relevant for providers of non-direct care services (e.g., personal emergency response systems, specialized medical equipment, vehicle modification, and environmental modification).
- 16% of providers reviewed received a negative finding in the area of CPR. While this is a noted improvement from the 25% registered during the previous quarterly period, this continues to be a concern due to the elevated risk this poses to individuals. While some may not be direct care staff, other professional staff may find themselves alone with a person and in need of applying CPR and First Aid until further assistance arrives.
- As a reminder, providers should assure their insurance policies reference the following language:
 1. Personal injury;
 2. Loss of life;
 3. Property damage;
 4. Documentation of Workers Compensation coverage.
 If a policy does not contain reference to all aspects noted above, providers should seek confirmation from their insurance company that this is covered or upgrade their policy accordingly. The insurance policy along with any clarification provided through the insurance company will be used to verify proper coverage during the review.

Liberty of Indiana Corporation has been conducting quality reviews for the Division of Disability and Rehabilitative Services since 2008. In addition to these CERT reviews, this includes Complaint Investigations, Mortality and Incident Reviews.